

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54	/					
5		/					55	/					
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14	/						64		/				
15	/						65		/				
16		/					66		/				
17		/					67		/				
18	/						68		/				
19		/					69	/					
20		/					70		/				
21		/					71		2				
22		/					72		2				
23		/					73		2				
24		/					74		2				
25		/					75		2				
26		/					76		2				
27		/					77		2				
28		/					78		2				
29		/					79						
30		/					80						
31	/						81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42	/						92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47	/						97						
48	/						98						
49	/						99						
50		/					100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	65						TOTAL DEP.						
TOTAL CLAIMS	78						TOTAL CLAIMS						